PYO/SB/17 (10-08)
Approved for use through 06/30/2010, OMB 0651-0032
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

	spond to a collection of information unless it displays a valid OMB control number							
Effective on 12/08/2004. Fines pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
FEE TRANSMITTAL				Application Nu		10/549,401	V549,401	
			Filing Date		February 8, 2006			
For FY 2009			First Named In		Brian Daniels			
Applicant claims small entity status. See 37 CFR 1.27				Examiner Nam	е	Sikyin Ip		
TOTAL AMOUNT OF PAY				Art Unit		1793		
TOTAL AMOUNT OF PAYMENT (\$) 280.00				Attorney Docke	t No.	H0006041.70974 USA -4015		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other tplease identify):								
✓ Deposit Account Deposit Account Number: 500977 Deposit Account Name: Buchalter Nemer								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide public and								
internation and authorization on PTO-2038,								
FEE CALCULATION								
BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EVAMINATION FEES								
	Small Entity		SEAR	EARCH FEES EXAI Small Entity		INATION FEES Small Entity		
Application Type	Fee (S)	Fee (\$)	Fee (\$	Fee (\$)	Fee (\$) Fee (\$)	Fees Paid (\$)	
Utility	330	165	540	270	220	110	100 (II)	
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (5)								
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						52	26	
Multiple dependent claims over 3 (including Reissues)						220 390	110 195	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							ependent Claims	
- 20 or HP =			Fee (\$)	Fee Paid (\$)				
HP = highest number of tota Indep. Claims	Extra Claim	t, if greater than 20. IS Fee (\$)	Foo	Paid (\$)				
- 3 or BP ×		×	=	7 414 141				
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (5)								
Other (e.g., late fifting surcharge): 2 Tempinal Disclaimers (\$140 each) 280.00								
SUBMITTED BY								
Signature	MALLE	STIME	M/R	legistration No.	3.264	Telephon	e 949-224-6282	
Name (Print/Type) Sandra P. Thompson (Attorney/Agent) 46,264							Date 3,41,700	
C Spen Goldia P.	· · · · · · · · · · · · · · · · · · ·	1./				Date	301104	

This collection of information is required by 37 CFR 1.186. The information is required to obtain or retain a benefit by the public which is fortion and by the USFFO to problems an application. Contracted by a Security of the public which is fortion and the Complete Country problems preserving, and substituting the ecompleted explanation from the USFFO. The will vary depending upon the individual case. Any connected country of the Country problems of the Cou ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.